

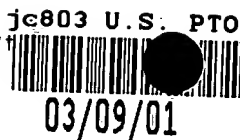
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‡ ADMITTED IN NEW YORK  
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Assistant Commissioner for Patents  
Washington, D.C. 20231



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9 March 2001

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Attorney Docket: P56258

Sir:

Submitted herewith is the following patent application:

**Inventor:** TAE-YOUNG KIL

**Title:** *METHOD AND APPARATUS FOR ALARMING ON OCCURRENCE  
OF CELL SECESSION OF A MOBILE STATION IN A MOBILE  
COMMUNICATION SYSTEM*

Please find attached hereto an application for patent which includes: Specification and Abstract, Claims, original Declaration And Power of Attorney, Assignment, Information Disclosure Statement and a certified copy of the foreign priority document identified below:

Verified Showing of Small Entity Status: NO

Drawings: Formal drawings, 3 sheets, Figures 1 through 3

Claim of priority under 35 U.S.C. §119: **YES**

\*\*REPUBLIC OF KOREA Application No. 2000-28079 filed on 24 May 2000

Fee (see formula below): **CHECKS ARE ENCLOSED**

Basic Fee 355/710. .... \$710.00

Additional Fees:

Total number of claims in excess of 20 4 times \$9/18. .... \$72.00

Number of independent claims in excess of 3: 1 times \$40/80. .... \$80.00

Multiple Dependent Claims \$130/260. .... \$0.00

An Assignment is likewise enclosed: Recording Fee \$40. .... \$40.00

Filing Non-English specification. .... \$ 0.00

**TOTAL FEES FOR THE ABOVE APPLICATION.** .... 902.00



Assistant Commissioner for Patents

9 March 2001

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**Inventors:** TAE-YOUNG KIL

**Title:** *METHOD AND APPARATUS FOR ALARMING ON OCCURRENCE  
OF CELL SECESSION OF A MOBILE STATION IN A MOBILE  
COMMUNICATION SYSTEM*

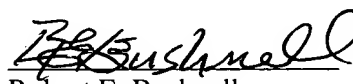
Assistant Commissioner is authorized to charge our Deposit Account No. 02-4943 for any additional charges necessary towards payment of the issue fee for the above-referenced application. Please notify the undersigned attorney of any transaction regarding our Deposit Account.

In view of the above, it is requested that this application be accorded a filing date pursuant to 37 CFR 1.53(b).

Please address all correspondence to:

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Respectfully submitted,



Robert E. Bushnell  
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REB/mnf

# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.  
 These are the fees effective October 1, 2000.  
 Small Entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
 See 37 C.F.R. §§1.27 and 1.28.

| <p style="text-align: center;"><b>Complete If Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Application Number</td> <td style="width:50%;">to be assigned</td> </tr> <tr> <td>Filing Date</td> <td>8 March 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>TAE-YOUNG KIL</td> </tr> <tr> <td>Examiner Name</td> <td>to be assigned</td> </tr> <tr> <td>Group/Art Unit</td> <td>to be assigned</td> </tr> <tr> <td>TOTAL AMOUNT OF PAYMENT</td> <td>(\$)<u>902.00</u></td> </tr> </table>   |                    | Application Number  | to be assigned | Filing Date  | 8 March 2001 | First Named Inventor | TAE-YOUNG KIL | Examiner Name   | to be assigned | Group/Art Unit | to be assigned | TOTAL AMOUNT OF PAYMENT | (\$) <u>902.00</u> | <p style="text-align: center;"><b>Complete If Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Application Number</td> <td style="width:50%;">to be assigned</td> </tr> <tr> <td>Filing Date</td> <td>8 March 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>TAE-YOUNG KIL</td> </tr> <tr> <td>Examiner Name</td> <td>to be assigned</td> </tr> <tr> <td>Group/Art Unit</td> <td>to be assigned</td> </tr> <tr> <td>TOTAL AMOUNT OF PAYMENT</td> <td>(\$)<u>902.00</u></td> </tr> </table> |     | Application Number | to be assigned | Filing Date                       | 8 March 2001 | First Named Inventor | TAE-YOUNG KIL | Examiner Name     | to be assigned | Group/Art Unit                                       | to be assigned | TOTAL AMOUNT OF PAYMENT | (\$) <u>902.00</u> |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
|---|--------------------|---|----------------|--|--------------|----------------------|---------------|-----------------|----------------|----------------|----------------|-------------------------|--------------------|---|-----|--------------------|----------------|-----------------------------------|--------------|----------------------|---------------|-------------------|----------------|--|----------------|-------------------------|--------------------|------------------|-----|---------------------------------------|-----|-----|-------|--------------------|-------|--|-----|-----|------|------------------------|------|--|----|---------------------|---------|--------------------|--------|--|----|-----|--------------|----------------|----------|--|----|-----|---------|--|-----|---|---------|--------------------|-----|-----|-----|---|----|-----|-------|-----|-----|---|----|-----|-------|-----|-------|--|----|-----|-----|-----|-----|------------------|----|-----|-----|-----|-----|--|----|-----|-----|-----|-----|--------------------------|----|-----|-------|-----|-------|---|----|-----|-----|-----|----|----------------------------------|----|-----|-------|-----|-----|------------------------------------|----|-----|-------|-----|-----|--------------------------------|----|-----|-----|-----|-----|------------------|----|-----|-----|-----|-----|-----------------|----|-----|-----|-----|-----|-------------------------------|----|-----|----|-----|----|---|----|-----|-----|-----|-----|--|----|-----|----|-----|----|--|----------|-----|-----|-----|-----|---|----|-----|-----|-----|-----|--|----|---------------------------|--|--|--|--|----|---------------------------|--|--|--|--|----|-------------------------------------|--|--|--|--------------------------------|--|
|   |                    | Application Number  | to be assigned |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
|   |                    | Filing Date   | 8 March 2001   |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
|   |                    | First Named Inventor  | TAE-YOUNG KIL  |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
|   |                    | Examiner Name   | to be assigned |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Group/Art Unit  | to be assigned     |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| TOTAL AMOUNT OF PAYMENT   | (\$) <u>902.00</u> |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
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| Filing Date   | 8 March 2001       |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| First Named Inventor  | TAE-YOUNG KIL      |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Examiner Name   | to be assigned     |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Group/Art Unit  | to be assigned     |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| TOTAL AMOUNT OF PAYMENT   | (\$) <u>902.00</u> |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| <p style="text-align: center;"><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>02-4943</u></p> <p>Deposit Account Number: _____</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.    <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance.</p>   |                    | <p style="text-align: center;"><b>FEE CALCULATION (continued)</b></p> <p>3. <b>ADDITIONAL FEES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge-late filing fee or oath</td><td>\$</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td>\$</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td>\$</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td>\$</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td>\$</td></tr> <tr><td>113</td><td>1,840 *</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td>\$</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td>\$</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td>\$</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td><td>Extension for reply within third month</td><td>\$</td></tr> <tr><td>118</td><td>1,510</td><td>218</td><td>755</td><td>Extension for reply within fourth month</td><td>\$</td></tr> <tr><td>128</td><td>2,060</td><td>228</td><td>1,030</td><td>Extension for reply within fifth month</td><td>\$</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td>\$</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td>\$</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td>\$</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td>\$</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td>\$</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td><td>Petition to revive - unintentional</td><td>\$</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td><td>Utility issue fee (or reissue)</td><td>\$</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td><td>Design issue fee</td><td>\$</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td><td>Plant issue fee</td><td>\$</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>\$</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td>\$</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Statement</td><td>\$</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (Times number of properties)</td><td>\$ 40.00</td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td><td>Filing a submission after final rejection (37 C.F.R. §1.129(a))</td><td>\$</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td><td>For each additional invention to be examined (37 C.F.R. §1.129(b))</td><td>\$</td></tr> <tr><td colspan="5">Other Fee (specify) _____</td><td>\$</td></tr> <tr><td colspan="5">Other Fee (specify) _____</td><td>\$</td></tr> <tr> <td colspan="4">** Reduced by Basic Filing Fee Paid</td> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)    \$40.00</b></td> </tr> </tbody> </table> |                | Large Entity   |              | Small Entity         |               | Fee Description | Fee Paid       | Fee Code       | Fee (\$)       | Fee Code                | Fee (\$)           | 105   | 130 | 205                | 65             | Surcharge-late filing fee or oath | \$           | 127                  | 50            | 227               | 25             | Surcharge-late provisional filing fee or cover sheet | \$             | 139                     | 130                | 139              | 130 | Non-English specification             | \$  | 147 | 2,520 | 147                | 2,520 | For filing a request for reexamination             | \$  | 112 | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action     | \$ | 113                 | 1,840 * | 113                | 1,840* | Requesting publication of SIR after Examiner action  | \$ | 115 | 110          | 215            | 55       | Extension for reply within first month | \$ | 116 | 400     | 216  | 200 | Extension for reply within second month | \$      | 117                | 950 | 217 | 475 | Extension for reply within third month                            | \$ | 118 | 1,510 | 218 | 755 | Extension for reply within fourth month | \$ | 128 | 2,060 | 228 | 1,030 | Extension for reply within fifth month | \$ | 119 | 310 | 219 | 155 | Notice of Appeal | \$ | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | \$ | 121 | 270 | 221 | 135 | Request for oral hearing | \$ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | \$ | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | \$ | 141 | 1,320 | 241 | 660 | Petition to revive - unintentional | \$ | 142 | 1,320 | 242 | 660 | Utility issue fee (or reissue) | \$ | 143 | 450 | 243 | 225 | Design issue fee | \$ | 144 | 670 | 244 | 335 | Plant issue fee | \$ | 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ | 123 | 50 | 123 | 50 | Petitions related to provisional applications | \$ | 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement | \$ | 581 | 40 | 581 | 40 | Recording each patent assignment per property (Times number of properties) | \$ 40.00 | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | \$ | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 C.F.R. §1.129(b)) | \$ | Other Fee (specify) _____ |  |  |  |  | \$ | Other Fee (specify) _____ |  |  |  |  | \$ | ** Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3)    \$40.00</b> |  |
| Large Entity  |                    | Small Entity  |                | Fee Description  | Fee Paid     |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Fee Code  | Fee (\$)           | Fee Code  | Fee (\$)       |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 105   | 130                | 205   | 65             | Surcharge-late filing fee or oath  | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 127   | 50                 | 227   | 25             | Surcharge-late provisional filing fee or cover sheet                       | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 139   | 130                | 139   | 130            | Non-English specification  | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 147   | 2,520              | 147   | 2,520          | For filing a request for reexamination                                     | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 112   | 920*               | 112   | 920*           | Requesting publication of SIR prior to Examiner action                     | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 113   | 1,840 *            | 113   | 1,840*         | Requesting publication of SIR after Examiner action                        | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 115   | 110                | 215   | 55             | Extension for reply within first month                                     | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 116   | 400                | 216   | 200            | Extension for reply within second month                                    | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 117   | 950                | 217   | 475            | Extension for reply within third month                                     | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 118   | 1,510              | 218   | 755            | Extension for reply within fourth month                                    | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 128   | 2,060              | 228   | 1,030          | Extension for reply within fifth month                                     | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 119   | 310                | 219   | 155            | Notice of Appeal   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 120   | 310                | 220   | 155            | Filing a brief in support of an appeal                                     | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 121   | 270                | 221   | 135            | Request for oral hearing   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 138   | 1,510              | 138   | 1,510          | Petition to institute a public use proceeding                              | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 140   | 110                | 240   | 55             | Petition to revive - unavoidable   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 141   | 1,320              | 241   | 660            | Petition to revive - unintentional   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 142   | 1,320              | 242   | 660            | Utility issue fee (or reissue)   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 143   | 450                | 243   | 225            | Design issue fee   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 144   | 670                | 244   | 335            | Plant issue fee  | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 122   | 130                | 122   | 130            | Petitions to the Commissioner  | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 123   | 50                 | 123   | 50             | Petitions related to provisional applications                              | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 126   | 240                | 126   | 240            | Submission of Information Disclosure Statement                             | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 581   | 40                 | 581   | 40             | Recording each patent assignment per property (Times number of properties) | \$ 40.00     |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 146   | 790                | 246   | 395            | Filing a submission after final rejection (37 C.F.R. §1.129(a))            | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 149   | 790                | 249   | 395            | For each additional invention to be examined (37 C.F.R. §1.129(b))         | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Other Fee (specify) _____   |                    |   |                |  | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Other Fee (specify) _____   |                    |   |                |  | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| ** Reduced by Basic Filing Fee Paid   |                    |   |                | <b>SUBTOTAL (3)    \$40.00</b>   |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p>1. <b>BASIC FILING FEE</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>\$710.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td>\$</td></tr> <tr><td>107</td><td>540</td><td>207</td><td>270</td><td>Plant filing fee</td><td>\$</td></tr> <tr><td>108</td><td>790</td><td>208</td><td>395</td><td>Reissue filing fee</td><td>\$</td></tr> <tr><td>114</td><td>130</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>\$</td></tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td colspan="2"><b>(\$) 710.00</b></td> </tr> </tbody> </table> |                    | Large Entity  |                | Small Entity   |              | Fee Description      | Fee Paid      | Fee Code        | Fee (\$)       | Fee Code       | Fee (\$)       | 101                     | 710                | 201   | 355 | Utility filing fee | \$710.00       | 106                               | 330          | 206                  | 165           | Design filing fee | \$             | 107  | 540            | 207                     | 270                | Plant filing fee | \$  | 108                                   | 790 | 208 | 395   | Reissue filing fee | \$    | 114  | 130 | 214 | 75   | Provisional filing fee | \$   | <b>SUBTOTAL (1)</b>  |    |                     |         | <b>(\$) 710.00</b> |        | <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total claims 24 -20** = 4 x \$18.00 =</td> <td></td> <td></td> <td>\$72.00</td> </tr> <tr> <td>Independent Claims 3 - 3** = 0 x \$80.00 =</td> <td></td> <td></td> <td>\$80.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> <tr> <td colspan="4">** or number previously paid, if greater; For Reissues, see below</td> </tr> </tbody> </table> |    |     | Extra Claims | Fee from below | Fee Paid | Total claims 24 -20** = 4 x \$18.00 =  |    |     | \$72.00 | Independent Claims 3 - 3** = 0 x \$80.00 = |     |   | \$80.00 | Multiple Dependent |     |     | =   | ** or number previously paid, if greater; For Reissues, see below |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Large Entity  |                    | Small Entity  |                | Fee Description  | Fee Paid     |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Fee Code  | Fee (\$)           | Fee Code  | Fee (\$)       |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 101   | 710                | 201   | 355            | Utility filing fee   | \$710.00     |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 106   | 330                | 206   | 165            | Design filing fee  | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 107   | 540                | 207   | 270            | Plant filing fee   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 108   | 790                | 208   | 395            | Reissue filing fee   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 114   | 130                | 214   | 75             | Provisional filing fee   | \$           |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| <b>SUBTOTAL (1)</b>   |                    |   |                | <b>(\$) 710.00</b>   |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
|   | Extra Claims       | Fee from below  | Fee Paid       |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Total claims 24 -20** = 4 x \$18.00 =   |                    |   | \$72.00        |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Independent Claims 3 - 3** = 0 x \$80.00 =  |                    |   | \$80.00        |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Multiple Dependent  |                    |   | =              |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| ** or number previously paid, if greater; For Reissues, see below   |                    |   |                |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| <p>2. <b>PAYMENT ENCLOSED:</b></p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p>CHECKS: 39203 and 39204</p>  |                    | <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>20</td><td>203</td><td>11</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>41</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>82</td><td>209</td><td>41</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>22</td><td>210</td><td>11</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td colspan="2"><b>(\$) 862.00</b></td> </tr> </tbody> </table>   |                | Large Entity   |              | Small Entity         |               | Fee Description | Fee Paid       | Fee Code       | Fee (\$)       | Fee Code                | Fee (\$)           | 103   | 20  | 203                | 11             | Claims in excess of 20            |              | 102                  | 80            | 202               | 41             | Independent claims in excess of 3                    |                | 104                     | 270                | 204              | 135 | Multiple dependent claim, if not paid |     | 109 | 82    | 209                | 41    | ** Reissue independent claims over original patent |     | 110 | 22   | 210                    | 11   | ** Reissue claims in excess of 20 and over original patent |    | <b>SUBTOTAL (2)</b> |         |                    |        | <b>(\$) 862.00</b>   |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Large Entity  |                    | Small Entity  |                | Fee Description  | Fee Paid     |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| Fee Code  | Fee (\$)           | Fee Code  | Fee (\$)       |  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 103   | 20                 | 203   | 11             | Claims in excess of 20   |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 102   | 80                 | 202   | 41             | Independent claims in excess of 3  |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 104   | 270                | 204   | 135            | Multiple dependent claim, if not paid                                      |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 109   | 82                 | 209   | 41             | ** Reissue independent claims over original patent                         |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| 110   | 22                 | 210   | 11             | ** Reissue claims in excess of 20 and over original patent                 |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |
| <b>SUBTOTAL (2)</b>   |                    |   |                | <b>(\$) 862.00</b>   |              |                      |               |                 |                |                |                |                         |                    |   |     |                    |                |                                   |              |                      |               |                   |                |  |                |                         |                    |                  |     |                                       |     |     |       |                    |       |  |     |     |      |                        |      |  |    |                     |         |                    |        |  |    |     |              |                |          |  |    |     |         |  |     |   |         |                    |     |     |     |   |    |     |       |     |     |   |    |     |       |     |       |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |          |     |     |     |     |   |    |     |     |     |     |  |    |                           |  |  |  |  |    |                           |  |  |  |  |    |                                     |  |  |  |                                |  |

|  |  |   |  |                                 |  |
|--|--|---|--|---------------------------------|--|
| <b>SUBMITTED BY</b>  |  |   |  | <b>Complete (if applicable)</b> |  |
| Typed or Printed Name<br><p style="text-align: center;">Robert E. Bushnell, Esq.</p> |  | Reg. Number<br><p style="text-align: center;">27,774</p>    |  | Deposit Account User ID         |  |
| Signature<br>  |  | Date<br><p style="text-align: center;">February 9, 2001</p> |  | Deposit Account User ID         |  |